

MEDICARE INFORMATION FORM



DeanCare Rx

Dean Health Insurance, Inc.
1277 Deming Way • Madison, WI 53717
(608) 827-4372 • (888) 422-3326 • TTY: (877) 733-6456
Monday-Thursday 7:30a.m. to 5p.m. • Friday 8a.m. to 4:30p.m.

Name (Last, First, Middle)

Telephone Number

Street Address

City

State

Zip

PLEASE PROVIDE YOUR MEDICARE INSURANCE INFORMATION

Please take out your Medicare Card to complete this section.

Please fill in these blanks so they match what appears on your Medicare card

or

Attach a copy of your Medicare card or your letter from the Social Security Administration or Railroad Retirement Board.

You must be entitled to Medicare Part A and/or enrolled in Part B to join DeanCare Rx.

Medicare	Health Insurance
1-800-MEDICARE (1-800-633-4227)	
Name: _____	
Medicare Claim No. _____	Sex _____
Is Entitled to:	Effective Date _____
Hospital (Part A) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Medical (Part B) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS TO HELP MEDICARE COORDINATE YOUR BENEFITS

Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or State assistance pharmaceutical programs.

Will you have other prescription drug coverage in addition to the DeanCare Rx enhanced benefit program through your employer/union?

☐ Yes ☐ No

If "Yes", what is the name of your other coverage and what coverage type is it ?

What is your identification number (ID number) for this coverage? _____

What is the group or policy number for this coverage? _____

Are you a resident in a long-term care facility, such as a nursing home?

☐ Yes ☐ No

If "Yes", please provide the name of the institution, the address, and phone number:

PLEASE SIGN BELOW

Your Signature

Today's Date

If you are an authorized representative of the Medicare enrollee, you must provide the following information:

Name

Phone number

Address

Relationship